

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Officer Latimore  
c/o William E. Donaldson Correctional Fac  
100 Warrior Lane  
Bessemer, AL 35023

A. Signature

**X**
 Agent  
 Addressee

B. Received by (Printed Name)

 **Bob Green**  6/8/06  
 Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No
**6/8/06****399**

## C. Date of Delivery

3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label)

**7004 1160 0003 5811 1819**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,

Willie Thomas, Warden  
c/o William E. Donaldson Correctional Fac  
100 Warrior Lane  
Bessemer, AL 35023

A. Signature

**X**
 Agent  
 Addressee

B. Received by (Printed Name)

 **Bob Green**  6/8/06  
 Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No
**06CV399****POV CMF**

C. Date of Delivery

3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label)

**7005 1820 0002 3461 3356**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540